

In the Claims:

1 1. (Currently Amended) A method of performing a cardiac procedure,
2 comprising the steps of for:
3 (a) making a subxiphoid incision to provide an entry point for an endoscopic
4 cannula, ~~wherein said endoscopic cannula has~~ having at least one access port;
5 (b) inserting said a rigid endoscopic cannula into the incision having a
6 transparent tip at a distal end thereof;
7 (c) advancing the tip of said endoscopic cannula through tissue to the
8 pericardium under endoscopic visualization through the tip; and
9 (d) advancing a surgical instrument through said at least one access port of
10 said endoscopic cannula.

1 2. (Currently Amended) A method according to claim 1, further
2 comprising the steps of for:
3 (e) after step (c) and before step (d), providing an opening in the pericardium
4 for the advancement of said endoscopic cannula into the pericardium;
5 (f) after step (e) and before step (d), advancing said endoscopic cannula into
6 the pericardium through said opening; and
7 (g) after step (d), performing the surgical procedure on the heart.

1 3. (Original) The method of claim 1, wherein the subxiphoid incision has

2 a length no longer than required for insertion of the endoscopic cannula.

1 4. (Original) The method of claim 1, wherein only a single subxiphoid

2 incision is made.

1 5. (Original) The method of claim 1, wherein at least one additional

2 subxiphoid incision is made during step (a), and the method also includes the step

3 of:

4 (e) inserting an additional surgical instrument through said at least one

5 additional incision.

1 6. (Currently Amended) The method of claim 1, further comprising:

2 ~~(e) before step (b), using a dilation tool laterally expanding a passage~~

3 through tissue from the subxiphoid incision to provide a dilated cavity to facilitate

4 insertion of the endoscopic cannula.

1 7. (Currently Amended) The method of claim 2, wherein said opening

2 in the pericardium is provided by manipulating ~~a pericardial~~ an entry instrument

3 through the at least one access port of the rigid endoscopic cannula.

1 8. (Withdrawn) The method of claim 7, wherein the endoscopic cannula
2 has a lumen and the pericardial entry instrument is advanced to the pericardium
3 through the lumen.

1 9. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

1 10. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is an ablation device.

1 11. (Original) The method of claim 1, wherein said surgical instrument
2 advanced in step (d) is a device for performing epicardial mapping.

1 12. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a device for performing intrapericardial drug
3 delivery.

1 13. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a device for performing a myocardial biopsy.

1 15. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a needle for injecting cardiac muscle cells or
3 undifferentiated satellite cells for cellular cardiomyoplasty.

1 16. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a cannula for injecting pharmacological agents
3 for angiogenesis.

1 17. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a robotic, cutting, stabilizing, or anastomotic
3 instrument for performing coronary artery bypass or coronary artery bypass
4 grafting.

1 18. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is an energy probe or mechanical piercing element
3 for piercing the heart muscle for transmyocardial revascularization.

1 19. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a device for creating a pericardial window.

1 20. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

1 21. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a suture loop for cinching off the atrial
3 appendage.

1 22. (Withdrawn) The method of claim 1, wherein said surgical
2 instrument advanced in step (d) is a clip for sealing off the atrial appendage.

1 23. (Currently Amended) The method of claim 2, wherein said
2 ~~endoscopic cannula is advanced during step (f) to opening is formed at a location~~
3 near the apex of the heart.

1 24. (Currently Amended) The method of claim 2, wherein the rigid
2 endoscopic cannula is advanced during step (f) to a location at the anterior region
3 of the heart and is then swept to throughout regions including the posterior region
4 of the heart.

1 25. (Currently Amended) The method of claim 2, wherein step (e)
2 includes the steps of for:
3 gripping a flap of the pericardium under endoscopic visualization using a
4 ~~pericardial an~~ entry instrument introduced through the at least one access port of
5 the endoscopic cannula; and
6 cutting said flap of the pericardium while spaced away from the underlying
7 heart to create an opening in the pericardium under endoscopic visualization.

1 26. (Currently Amended) The method of claim 25, wherein step (e)
2 further comprises the step of for:

3 aligning the **pericardial** entry instrument substantially tangentially to the
4 pericardium under endoscopic visualization while gripping the flap of the
5 pericardium.

1 27. (Currently Amended) The method of claim 25, wherein the cutting
2 step further comprises cutting the flap of the pericardium while spaced away from
3 the underlying heart.

1 28. (Withdrawn) A method of performing a surgical procedure on a
2 mediastinal organ other than the heart, comprising the steps of:
3 (a) making a subxiphoid incision to provide an entry point for an endoscopic
4 cannula, wherein said endoscopic cannula has at least one access port;
5 (b) inserting said endoscopic cannula into the incision;
6 (c) advancing said endoscopic cannula to a surgical site within the
7 mediastinum under endoscopic visualization; and
8 (d) advancing a surgical instrument through said at least one access port of
9 said endoscopic cannula.

1 29. (Withdrawn) The method of claim 28, further comprising the step of:
2 (e) after step (d), performing the surgical procedure on said mediastinal
3 organ.

1 30. (Withdrawn) The method of claim 28, wherein the subxiphoid
2 incision has a length no longer than required for insertion of the endoscopic
3 cannula.

1 31. (Withdrawn) The method of claim 28, wherein only a single
2 subxiphoid incision is made.

1 32. (Withdrawn) The method of claim 28, wherein at least one additional
2 subxiphoid incision is made during step (a), and the method also includes the step
3 of:

4 (e) inserting an additional surgical instrument through said at least one
5 additional incision.

1 33. (Withdrawn) The method of claim 28, further comprising:

2 (e) before step (b), using a dilation tool to provide a dilated cavity to
3 facilitate insertion of the endoscopic cannula.

1 34. (Currently Amended) A method of performing a cardiac procedure
2 with ~~an~~ a rigid endoscopic cannula having ~~an~~ a laterally expandable sheath
3 overlying the endoscopic cannula, comprising: the steps for:
4 (a) incising skin overlying an entry point for the cardiac procedures;
5 (b) inserting ~~an~~ the rigid endoscopic cannula with ~~an~~ the expandable sheath
6 into the incision;

(c) advancing the endoscopic cannula to through tissue toward the

8 pericardium under endoscopic visualization; and

(d) ~~dilating a working cavity laterally expanding the sheath responsive to~~

10 passing the endoscopic cannula through the expandable sheath- to form a working

11 cavity in dilated tissue.

1 35. (Currently Amended) The method of claim 34 wherein dilating the

2 working cavity further comprises:

dilating a working cavity laterally expanding the sheath responsive to

4 removing withdrawing the endoscopic cannula to a point near from the sheath in a

5 direction toward the proximal end of the expandable sheath thereof.

1 36. (Currently Amended) The method of claim 34 further comprising the

2 step of for:

(e) dilating the working cavity to larger lateral dimensions than the

4 endoscopic cannula responsive to insertion into the expandable sheath of surgical

5 tools having dimensions greater than the endoscopic cannula into the expandable

6 sheath.

1 37. (Currently Amended) The method of claim 34 further comprising the

2 steps of for:

(e) inserting into a proximate end of the expandable sheath a surgical tool for

4 performing a cardiac procedure ~~into a proximate end of the expandable sheath in~~

5 which the surgical tool has a maximal lateral dimension greater than a maximal

6 lateral dimension of the expandable sheath overlying the endoscopic cannula;

7 (f) advancing the surgical tool within the expandable sheath to toward a

8 distal end of thereof to laterally expand the expandable sheath; and

9 (g) performing a cardiac procedure using the surgical tool.

1 38. (Withdrawn) An endoscopic cannula, comprising:

2 a cannula, having an elongated body having arcuate shape and defining at

3 least one lumen;

4 a tip positioned at a distal end of said elongated body, said tip having a

5 tapered distal end and being transparent for facilitating visualization through said

6 tip; and

7 an endoscope, positioned at least partially in said at least one lumen for

8 providing visualization of a surgical procedure through said transparent tapered tip.

1 39. (Withdrawn) The endoscopic cannula of claim 38, wherein said

2 cannula is composed of a flexible material.